

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$3,306.00 for date of service, 03/27/01.
- b. The request was received on 03/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4) the Division notified the insurance carrier Austin Representative on 10/25/02 that there would not be additional information from the Requestor because the Requestor submitted all information initially. At that time, the Carrier representative asked for a chance to respond. However, as of this date the Carrier has not submitted a response to the Provider's request for medical dispute resolution. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement submitted.
2. Respondent: No response submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/27/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$11,334.00 for services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$3,300.00 for services rendered on the date above.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$3,306.00 for services rendered on the date of service in dispute above.
6. The Requestor has submitted the Carrier's EOB that state, "G – ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE." and "F – REIMBURSED IN ACCORDANCE WITH THE TEXAS MEDICAL FEE GUIDELINE."
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/27/01	63047 63048 63048	\$4666.00 \$1434.00 \$1434.00	0.00 0.00 0.00	G G G	\$3540.00 \$708.00 \$708.00	1994 Global Service Data for Orthopaedic Surgery (GSDFOS); MFG; Surgery Ground Rule (I) (D); CPT Descriptors	In accordance with the Multiple Procedure Reimbursement Rule, 100% of the MAR for the primary procedure, "(major procedure reflecting the greatest value is reimbursed)." Code 63047 is the procedure of greatest value. Therefore, reimbursement is recommended in the amount of \$3,540.00 . Per the 1994 GSDFOS, CPT code 63048 is not global to the primary CPT code of 63047 and according to the MFG, cannot be reduced by the Multiple Procedure Rule. Therefore, reimbursement is recommended in the amount of \$1,416.00 .
03/27/01	22630 51	\$3800.00	\$3300.00	F	\$3300.00	MFG; SGR (I) (D) (1) (b); CPT Descriptor	The secondary or subsequent procedure was performed through the same incision and related to the primary procedure, so 50% of the MAR is reimbursed in accordance to the Medical Fee Guideline. The carrier paid the full MAR amount on this code. The carrier should have only reimbursed 50% of the MAR, which would be \$1,650.00 . The carrier has an overpayment in the amount of \$1,650.00 , which will be credited toward the total amount owed to the Requestor.
Totals		\$11334.00	\$3300.00				The Requestor is entitled to reimbursement in the amount of \$3306.00 (\$4,956.00 - \$1650.00 = \$3306.00) .

The above Findings and Decision are hereby issued this 6th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$3,306.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of December 2002.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt